

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

34744

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. 2921a Virginia)

File No.....

Registered No.....

8909

St. Ward)

2. FULL NAME AMELIA DELANEY(a) Residence, No. 2921a VirginiaSt. 16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 21-1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

71023

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Litchfield Illinois

MOTHER FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Mrs. Elise Eckert 2921a Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Litchfield, IllDATE Oct. 171933

19. UNDERTAKER (ADDRESS)

A. W. McLaughlin 1631 Massachusetts Ave

20. FILED

119J. J. Brebeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14 .1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 10 1933, to Oct 14 1933I last saw her alive on Oct 14 1933. Death is saidto have occurred on the date stated above, at 4:30a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis Interstitial Chronic

Date of onset

27 yrs131 920

Other contributory causes of importance:

Myocarditis Chronic6 mo.8

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) A. J. Scott, M. D.(Address) 3330 So Grand

NOV 10 1933

